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104	300.0			ebruary 2	2007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A-	TORNEY DOCKET NO.	CONFIRMATION NO.
10/624,458 TITLE OF INVENTION	07/21/2003 E AUTOMATIC SELEC	TION FROM MULTIPL	Andrew P. Kramer E CARDIAC OPTIMIZAT	TION PROTOCOLS	279.340US3	5571
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/05/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
SCHAETZLE, KENNEDY		3766	607-009000	•		
	neamon for rec Address	Indication form	registered attorney or a	agent) and the names	of up to	
PTO/SB/47; Rev 03-6 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp	cd. Use of a Customer TO BE PRINTED ON fied below, no assignce letion of this form is NO	2 registered patent atto listed, no name will be THE PATENT (print or type data will appear on the part T a substitute for filing an (B) RESIDENCE: (CITY	pe) atent. If an assignee assignment. and STATE OR CO	is identified below, the d	ocument has been filed for
PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI- Cardiac	OZ or more recent) attach ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers,	A TO BE PRINTED ON fied below, no assignce eletion of this form is NO	2 registered patent atto listed, no name will be THE PATENT (print or type data will appear on the p. T a substitute for filing an (B) RESIDENCE: (CITY St. Paul,	meys or agents. If no printed. pe) atent. If an assignee assignment. and STATE OR CO Minnesota	is identified below, the di	ocument has been filed for
PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI- Cardiac Please check the appropriate of the set of the se	OZ or more recent) attach. AND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or	at TO BE PRINTED ON fied below, no assignee eletion of this form is NO Inc. categories (will not be presented)	2 registered patent atto listed, no name will be FHE PATENT (print or type data will appear on the p. T a substitute for filing an (B) RESIDENCE: (CITY St. Paul, printed on the patent):	meys or agents. If no printed. pe) atent. If an assignee assignment. and STATE OR CO. Minnesota Individual \(\begin{align*}Line of the print of the pr	is identified below, the di JNTRY) pration or other private gro previously paid issue fee attached.	oup entity: 🚨 Government
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PTO/SB/47; Rev 03-6 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE NAME A Cardiac Please check the appropr 4a. The following fee(s) Sissue Fee Publication Fee (N) Advance Order 5. Change in Entity Sta a. Applicant claim NOTE: The Issue Fee an interest as shown by the	OZ or more recent) attach IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or are submitted: No small entity discount p # of Copies Itus (from status indicate the SMALL ENTITY status and Publication Fee (if requerecords of the United Sta	at the control of the	2 registered patent atto listed, no name will be PHE PATENT (print or type data will appear on the p. T a substitute for filing an (B) RESIDENCE: (CITY St. Paul, printed on the patent): D. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	meys or agents. If no printed. pe) atent. If an assignee assignment. I and STATE OR CO. Minnesota Individual Corp ase first reapply any authorized to charge said Account Number. Iger claiming SMALL the applicant; a registe	is identified below, the display of the display of the private ground issue fee attached. the required fee(s), any de 19-0743 (enclose a ENTITY status. See 37 C red attorney or agent; or the 2-07	shown above) cliciency, or credit any on extra copy of this form).

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andrew P. Kramer et al.

Title: RESYNCHRONIZATION METHOD AND APPARATUS BASED ON INTRINSIC ATRIAL

RATE

Docket No.: 279.340US3

Filed: July 21, 2003

Examiner: Kennedy Schaetzle

Customer No.: 21186

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Serial No.: 10/624,458

Due Date: February 3, 2007

Group Art Unit: 3766

Confirmation No.: 5571

Notice of Allowance Date:

November 3, 2006

We are transmitting herewith the attached:

X A check in the amount of \$1400.00 to cover the Large Entity Issue Fee Payment.

 \underline{X} A check in the amount of \$3.00 to cover the Extra Patent Copies Fee (1 copy).

 \underline{X} Issue Fee Transmittal (Form PTOL-85).

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SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

1 Kavin Parker

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CERTIFICATE UNDER 37 CFR 1.8. The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Jaients, Attn – MAIL STOP ISSUE FEE, P.O. Box 1450. Alexandria, VA 22313-1450, on

this Z day of February, 2007.

Signa